

The irritation and discharge from the nostrils may be relieved by the "head bath;" holding the head for five minutes over a bowl of very hot milk and water or water alone, the head and shoulders meanwhile covered with a shawl. In railway traveling and on dusty roads much relief is gained by placing small pieces of wet sponge just within the nostrils, or covering the whole face with Swiss muslin wet with water. The nostrils are often completely obstructed early in the morning, and swallowing impeded; this may be relieved temporarily by active movements of the limbs for a few minutes, — leaping or running quickly up-stairs, — after which one can often eat his breakfast with comparative comfort.

For the night a closed room, and, if opium can be taken without inconvenience, six or eight grains of Dover's powder or an equivalent in laudanum or a solution of morphine, often give more or less freedom from that most annoying symptom in the later stages, the spasmodic cough. It may also be relieved by the spray from the watery solution of quinine as just mentioned. The common household mucilaginous remedies, gum arabic and flax-seed tea, for temporary relief are not to be rejected. The asthma, like that occurring at other seasons and produced by other causes, is often spasmodic, nervous, and wayward; it is relieved by a variety of remedies; the inhaling of the smoke from burning stramonium leaves and saltpetre, three parts of the former to one of the latter, probably gives as much relief to a majority of sufferers as any other treatment.



EMBOLISM OF THE PULMONARY ARTERY.

BY E. G. CUTLER, M. D., OF BOSTON.

MAY 21st. The patient, J. B., fifty-six years of age, a lobster-dealer by trade, addicted to the use of spirituous liquors, several years ago, after an alleged injury, had necrosis of the right tibia, for which he underwent operation at the Massachusetts General Hospital. The necrosis has been assigned to a syphilitic taint. During all of the interval since this surgical operation the patient has been more or less under treatment for his necrosis.

About a week ago he was seized with pain and a feeling of distress in the epigastric region, together with great occasional paroxysmal dyspnoea, slight vomiting and belching of wind, anorexia. Under advice, he made use of sinapisms to the seat of pain, but without relief; he consulted another physician, who after examination prescribed another sinapism to the painful region, quinine, a cathartic, and opium pills, ascribing the trouble to some gastric affection. These measures proved

of little avail, and the patient finally sought the aid of the dispensary physician, Dr. Channing, who kindly asked me to see the case with him in consultation on May 28th. The patient was found dressed and in the sitting position on a lounge, saying he had not been able to be undressed or to lie down for a week or more. His countenance wore an anxious expression, his face had a very dusky hue: his lips were somewhat livid; his hands and nails were natural. He had a weak, irregular crural and radial pulse of 120, easily compressible; his respiration was rapid, superficial, labored, with occasional attacks of cough and dyspnoea. There was a peculiar lack of force to the cough. The expectoration was chiefly mucus, tinged with dark-colored blood throughout; in quantity it was about six ounces in twenty-four hours; it was not at all viscid. The temperature was not elevated. The patient complained of loss of appetite, with pain and distress in the upper epigastric region. There was a very considerable amount of asthenia, and the man spoke of a distressing sensation of impending death which occurred with occasional paroxysms of dyspnoea of unusual severity. The lower extremities were considerably oedematous; the right leg was somewhat painful, and had a sinus apparently reaching to the bone and surrounded by an eczematous patch of the size of the hand. The gastro-intestinal functions were apparently carried on well.

Physical exploration of the lungs gave, with the exception of coarse mucous râles in a circumscribed area in the right front and in a few other places in the left side, a negative result. The apex beat of the heart was at the left of the nipple and about two and one half inches below it; the heart's action was feeble, irregular. Both sounds were reduplicated, not transmitted. Area of cardiac dullness was increased laterally.

An examination of the abdomen showed it moderately prominent and with no tenderness at any point on percussion or pressure; there was no evidence of fluid in the abdominal cavity. The liver showed a normal area of dullness.

On examination of the urine, a slight amount of albumen was found; urea was normal in quantity; under the microscope, small hyaline casts were seen with a few granular ones, some renal epithelium, and a few blood corpuscles.

Diagnosis. Evident nephritis, which the man's habits and the examination of the urine allowed us fairly to consider interstitial. The heart's position in the thorax might suggest hypertrophy. On the other hand, taking the patient's constrained position into account, together with the extent and weakness of the impulse, we felt justified in attributing the size rather to dilatation, with possible fatty infiltration. Thrombus formation in the heart was suspected from the peculiar double sound and the lung symptoms.

These affections of the heart and kidneys, however, did not satisfactorily account for the whole symptoms and their severity ; and we were forced by the constancy of the rusty sputa, cough, and dyspnoea to look to the lungs for the chief source of trouble. And a review of the symptoms taken in their order of occurrence — sudden attack of paroxysmal dyspnoea, cough, epigastric pain, palpitation and irregular action of the heart, together with the feeling and expression of anxiety, continued rusty expectoration, negative lung examination, positive reduplication of heart-tones, great weakness of radial and crural pulse, — formed such positive evidence of the existence of embolism of the pulmonary artery or some of its branches that this diagnosis was made with great positiveness and the most unfavorable prognosis given.

Treatment consisted in the administration of nourishment in as large and as frequent quantities as could be borne. The medicinal measures consisted in the administration of quinine, a cough mixture containing sulphate of morphia, chloroform, and syrup of tolu ; a mixture of bromide of potassium and chloral hydrate or a solution of sulphate of morphia was given as occasion seemed to require. Hot applications were ordered to the chest and precordial regions. Under this treatment the patient was considerably relieved of his suffering and was enabled to assume a more comfortable position in bed, though he was always obliged to be bolstered up. There was gradual but progressive asthenia, and no material change in the symptoms. Finally the patient died quietly on the twenty-first day of his illness.

Autopsy, nine hours after death. Heart somewhat hypertrophied and right side much dilated ; right ventricle forming the apex of the organ. No evidence of fatty infiltration. Thrombi in both auricles somewhat dense, dry, laminated, and tawny, extending into the auricular appendage and forming a lining to the wall of the auricle, which in the left side was one eighth inch in thickness. In the right auricle the thrombus was softened in the auricular appendage and opposite its front wall. The valves of the heart were sufficient, and healthy. There was universal dilatation of the ascending and transverse aorta to nearly the size of the fist, with endoarteritis and almost universal atheroma, in which were numerous calcified plates. In the place of the previous existence of the ductus arteriosus was a peculiar, hardened elevation, pronounced by Dr. R. H. Fitz to be a calcified thrombus. The right lung in its middle lobe presented an embolic infarction involving nearly its entire extent ; it was quite recent, with collateral œdema. In the lower lobe of the same lung were three small infarctions in a somewhat older stage. In the left lung were several small infarcts of the size of a robin's egg ; one was six inches long by one inch wide in the upper lobe, presenting several successive stages of the process.

The liver presented the nutmeg appearance of commencing cirrhosis.

The kidneys were very large, twice the normal size ; there was commencing interstitial inflammation. The spleen was enlarged, hardened, with increased connective tissue.

POISONING BY PICKLES.

BY H. LASSING, M. D., OF NEW YORK.

UPON arriving at the room of the patient, I found her vomiting undigested food ; her countenance was anxious ; her pulse was 58. She complained of a burning, corrosive sensation in her throat and stomach, and an acrid, metallic taste in her mouth. Inquiry elicited the information that she had eaten corned beef, bread, and a "bit of pickle." Upon a close examination of samples of these, the beef and bread were found to be all right, but the liquid in which the pickles had lain, and which was supposed to be vinegar, emitted a peculiar, faint, sickish odor, and tasted brackish, not sour. The pickles had a metallic taste. Laying aside the latter for further examination, an emetic was administered to the patient, followed up by copious draughts warm water ; this was repeated until the rejected matter became free from everything but the water administered. Chalk mixture and laudanum were now administered together with a mustard cataplasm to the epigastrium. The vomiting ceased for a time ; but upon the administration of stimulants in any shape, it immediately returned. Lactopeptine was given, in ten-grain doses, every half hour, combined with brandy ; this was readily retained, and the patient soon rallied. Several other members of the family were similarly affected, but the symptoms, though equally threatening, yielded at once to similar treatment.

The pickles upon examination showed the presence of iron, arsenic, and oxalic acid. Upon tracing them back to the original manufacturer, it was found that there was nothing poisonous about the pickles when they left him, and that the vinegar upon them was a pure high wine vinegar ; but the grocer who sold the pickles had substituted for this vinegar a dilution of sulphuric acid made from an impure article, and had thus jeopardized the lives of the public. The board of health, upon being notified, at once took active measures to suppress the manufacture of this poisonous article. This sulphuric acid vinegar can be easily detected by a few drops of a solution of muriate of baryta ; when this is added there will be a milky precipitate of sulphate of baryta. Large quantities of this poisonous vinegar are sold all over the country.